

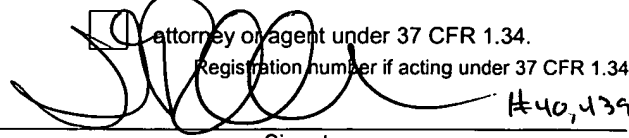


PTO/SB/22 (01-08)

Approved for use through 02/29/2008. OMB 0651-0031

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                      |            | Docket Number (Optional)<br>2091-0288P    |           |
| Application Number<br>10/649,824-Conf. #9008                                                                                                                                                                                                              |            | Filed<br>August 28, 2003                  |           |
| For METHOD, DEVICE, AND PROGRAM FOR CONTROLLING IMAGING DEVICE                                                                                                                                                                                            |            |                                           |           |
| Art Unit<br>2622                                                                                                                                                                                                                                          |            | Examiner<br>A. I. Khokhar                 |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |                                           |           |
|                                                                                                                                                                                                                                                           | <u>Fee</u> | <u>Small Entity Fee</u>                   |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                         | \$120      | \$60                                      | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                   | \$460      | \$230                                     | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                 | \$1050     | \$525                                     | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                  | \$1640     | \$820                                     | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                  | \$2230     | \$1115                                    | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                           |            |                                           |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                                    |            |                                           |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                               |            |                                           |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                     |            |                                           |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.                     |            |                                           |           |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                                                   |            |                                           |           |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                     |            |                                           |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                     |            |                                           |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,491</u>                                                                                                                                                        |            |                                           |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>#40,439</u>                                                                                                                           |            |                                           |           |
| <br>Signature                                                                                                                                                          |            | <u>March 4, 2008</u><br>Date              |           |
| <u>Michael R. Cammarata</u><br>Typed or printed name                                                                                                                                                                                                      |            | <u>(703) 205-8000</u><br>Telephone Number |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                     |            |                                           |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                                                           |            |                                           |           |

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